

IS A PERMANENT RECORD
DATE RETURN must be made for each, and
the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Isula</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>144</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>246</u>	
Town of <u>Miami</u>		Local Registrar No. _____	
or _____			
City of _____	No. _____	St. _____	Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Jesus Maria Gallego</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth <u>1</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>April 13-1923</u>	(Month, day, year)
8. Full name <u>Ladislav Gallego</u>		14. Full maiden name <u>Maria Montes</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u>		15. Residence (Usual place of abode) <u>Miami, Ariz.</u>	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) <u>Chih.</u>	(State or country) <u>Mex</u>	18. Birthplace (city or place) <u>Chihuahua</u>	(State or country) <u>Mex.</u>
13. Occupation <u>Miner</u>	Nature of Industry	19. Occupation <u>Housewife</u>	Nature of Industry
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) <u>11</u>			
(a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7 P.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			
Signature <u>C. M. Cron</u>		(Physician or midwife)	
Address <u>Miami, Ariz.</u>			
Given name added from a supplemental report _____		Filed <u>Apr 30</u> , 19 <u>23</u>	
(Month, day, year)		Local Registrar. <u>Bob Gray</u>	
<u>176-413-442</u>		County Registrar.	
Registrar.			